THE MEDICAL NEWS AND LIBRARY.

VOL. XXVI. JULY, 1868. No. 307.

CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Torsion of Arteries . 97

HOSPITAL NOTES AND GLEANINGS.

Trephining the Head of the Tibia for Abscess: Death; Autopsy 100

MEDICAL NEWS.

Domestic Intelligence.—American Medical Association 101
Medical Society of the State of Pennsylvania 104
Death from Chloroform 105
University of Pennsylvania, Medical Department 105
Pennsylvania Hospital 106
Jefferson Medical College 106
Wills Hospital for the Blind and Lame . 106
Episcopal Hospital, Philadelphia . . . 106
Eye Hospitals in Philadelphia . . . 106
Jewett and Russel Prizes 106
The Mahopac House, for the Relief and Cure of Epileptics and Paralytics . . . 106
Obituary Record 106

Foreign Intelligence.—Spinal Origin of Rheumatism 107
Fungoid Theories of Disease 107
New Anæsthetic Agent 108
Tincture of Pyrethrum Roseum, a Specific against Noxious Insects 109
Fat from Flesh 109
Suture of Nerves 110
Comparative Action of Various Disinfectants in the Purification of Ship's Bilges 110
Liebig and his Opponents 110
Lateral Hermaphroditism 111
Mrs. Lyon and the Celebrated Spiritual Medium Home 111

HUDSON ON FEVER. 16 PAGES.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Torsion of Arteries.—Delivered at Addenbrooke's Hospital, Cambridge. By G. M. HUMPHRY, M. D., F. R. S., Professor of Human Anatomy and Physiology, and Surgeon to the Hospital, &c.

After some general remarks on the importance of arresting hemorrhage quickly and securely in the treatment of wounds, and on the various modes which have been resorted to for doing this, Professor Humphry said the principle of the ligature and of torsion is the same. In both it is related to the fact that the inner and greater part of the thickness of the coat of an artery is composed of a brittle, though strong, elastic, and more or less muscular, structure; whereas the outer and thinner structure is of very different character, being extremely tough, and consisting chiefly of white fibrous tissue. The result is that, in the use either of the ligature or torsion, the inner structure is quickly divided, either cleanly, as in the case of the ligature, or in a more irregular lacerated manner in the case of torsion, and the divided edges are held together, so as to close the artery, by the more resisting external coat which is either compressed or twisted upon it—compressed by the ligature, twisted by the torsion. When the ligature is properly applied, the cleanly divided edges of the inner coat of the artery are held so closely and firmly together by the outer coat compressed within the knot of the thread, that there is no possibility of the escape of blood, the approximated edges unite together, and the vessel is permanently sealed. The result, therefore, so far as the hemorrhage and the vessel are concerned, is per-

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.*

☞ *In no case is this periodical sent unless the subscription is paid in advance.*

fect, or nearly so; and provided the ligature is properly applied—that is to say, tied tight enough to divide the inner coat, and not so tight as to mutilate or divide the outer coat, hemorrhage will very rarely, or never, occur. I am, therefore, in the habit of concluding, when hemorrhage follows the closure of a wound, at a longer or shorter period after an operation, that there has been some fault in the tying the vessels; an insufficient number have been tied, or the thread has been tied too tightly, so as to damage the outer coat, or not tightly enough to divide the inner coat and maintain the apposition of its cut edges. You will hear secondary bleeding attributed to this thing and that, to something peculiar in the blood-vessels, or to some hemorrhagic tendencies in the patients, etc.; but I suspect it is far more commonly due to carelessness in securing the bloodvessels. The fault is not usually in the vessels, or the patient, or the ligature, but in the surgeon.

Entertaining so high an opinion of the ligature, I was long unwilling to resort to any other plan. Still, I could not be insensible to the importance of improving our treatment of wounds, and to the effect which the ligature threads and the strangulated portion of tissue included in each knot must have in preventing immediate union of the divided surfaces. Accordingly, as I stated in a lecture a year ago,[1] I was induced to try the plan of acupressure proposed by Sir James Simpson, and was able to report favourably of it, inasmuch as no hemorrhage occurred in any of the cases in which I used it, and the wounds did well. Still, as I then said, I hoped some better plan would be found out, for the presence of the needles in a wound, even for a short time, is objectionable; and their removal, just when a patient is beginning to recover from the effects of an operation, and is peculiarly sensitive to any impressions and apprehensive and distrustful of our intentions, I found to be a source of annoyance; and I was anxious to find some effectual means of arresting hemorrhage without the necessity of leaving any foreign body in the wound. After thinking, therefore, a good deal on the subject, and reflecting over various modes in which the end of the vessel could be temporarily sealed, I tried the plan of torsion, which has of late been used in Edinburgh and elsewhere, and have employed it now in a great many cases, including amputation in the thigh,[1] in the leg, and many others. Indeed, for several months I have used no other means but torsion for arresting hemorrhage; and it has answered perfectly in all the cases. There has, I think, been less pain after the operation than was experienced when we used the ligature; and the wounds have, on the whole, done better and healed more quickly. In such an operation as excision of the knee, it is especially important to prevent bleeding from the various small arteries that are divided; for, unless this be carefully done, blood will collect in the wound, between and behind the bones, after the patient is in bed, will lead to suppuration, and be a source of much trouble. To prevent this evil, I sometimes found it necessary to tie several vessels; and the presence of these ligatures with the portions of tissue strangulated by them was certainly a disadvantage. In the last two cases in which I have performed this operation, I have gladly availed myself of torsion of the arteries, and have been well satisfied with the result. Still, a greater number of cases of this and other operations are necessary, to test properly the value of this mode of closing the arteries. The plan which I adopt is, as you are aware, for the smaller arteries, to use a pair of clasp-forceps, which, at the end, are rather broad, and provided with fine interlocking blunted teeth, by means of which the artery is held securely during the twisting. This I continue till the coats are quite torn through, and the forceps are thereby set free. In the case of the larger arteries, I found, by experiment on the dead body, that these forceps divided the coats of the vessel, and tore their way out too quickly; so that, when I injected water into the artery by a syringe it soon, under very slight force, separated and obliterated the folds of the inner coat, which had been caused by the torsion, made its way under the outer coat, and burst through that coat. I tried other forceps of different shapes, and found that the pair of strong narrow-bladed hinge-forceps, which I show you, and which I have been in the habit of using to extract bone in operations for necrosis, answered the purpose better than any others that I

[1] Reported in the British Medical Journal, August 3, 1867.

[1] Professor Humphry has used torsion to the femoral artery after amputation in the thigh in two cases. The patients were young.

have yet used. They resemble somewhat strong dressing-forceps; but the handles are large, giving good purchase, the blades meet closely, and the transverse ridges and furrows near the ends are well adapted, so that they hold the end of the artery tightly without tearing it. You see when I seize with these forceps the end of this femoral artery which I took from a subject yesterday, hold it tightly and twist it, that, although the forceps are not sufficiently broad to cover and embrace the whole diameter of the artery, yet they hold it firmly and retain their hold till the entire end of the vessel has been twisted off. The remaining part presents a conical twisted end, which unfurls itself to some extent, but not entirely, and remains completely closed. I now throw water into it; and not till I have used considerable force do the compressed folds of the inner coat yield, separate, and permit the water to pass beneath the outer coat, which again is so sealed by the twisting, and so strong, though thin, that it offers considerable resistance before it gives way—a resistance much greater than would be required to withstand the pressure of the blood in the living artery. I twist other portions of artery in the same manner. They are all firmly closed. Cutting them open, we find the inner coat more or less lacerated and contused, its surfaces squeezed together and thrown into folds, and held in close contact by the twisted outer coat, which forms coils, terminating in a cone or point at some distance beyond the termination of the inner coat. In some instances, I have found the inner coat detached from the outer by the squeezing that occurs during torsion, and more or less reflected into the artery so as to present its divided edge to the blood-current.

You will, from this explanation and these experiments upon portions of artery (and I have made several observations upon the dead body corresponding with these), understand what takes place when an artery is twisted. The inner thick, elastic coat is thrown into folds, which are crushed or squeezed together so as to block up the channel of the artery; it then gives way, and is torn through, and is held in its position by the outer coat, which resists longer, and undergoes still further twisting and squeezing together of its structures, so that when it is finally torn through, it retains its twisted condition, and continues to exert pressure upon and give support to the inner coat.

I have just had an opportunity of examining a popliteal artery which was twisted in a young man after amputation six weeks ago. It was perfectly closed, was contracted, and surrounded by toughish structure for some little distance. Its internal coat was wrinkled near the end, and showed some traces of ecchymosis.

You have probably observed that the attention to the bloodvessels after operations has occupied rather more time than it did when we used the ligature; and torsion has certainly, in my hands, proved somewhat more difficult than the ligature, requiring more care, more patience, and more perseverance. It is necessary to include the vessel itself in the forceps; for it is useless to twist the surrounding tissues; and it is not always easy, when blood is flowing, to make sure of the exact point from which it flows. Often, therefore, when I have been twisting, I found that my efforts were of no avail, because I had not seized the exact orifice of the vessel. Even when the vessel is seized, the inner coat is liable to slip from between the blades of the forceps, the outer coat only being retained and subjected to the torsion; and this is not to be relied on. When, however, I have been sure of having seized an artery and properly twisted it, I have not known any further bleeding to take place from it; and if it be carefully done, torsion is, I think, a valuable means of securing small and medium-sized arteries, such as the tibials, facial, etc., and by reducing the number of ligature-threads, it will be found to promote early healing of wounds. Whether it will prove to deserve our confidence in the case of the larger arteries, I am not so sure; but I should say that the doubt is founded rather upon what I have found in experimenting upon the dead subject than on what I have observed in the living; and it may be that better appliances and more experience may justify a greater reliance upon its efficiency. The experiments which I have shown you to-day upon pieces of artery, and those which some of you have seen me make upon the dead body, have proved to you that much care is needed in the selection of proper forceps, and in so seizing and holding the end of the vessel that its inner coat does not slip from between the blades during the twisting; and it will have occurred to you that in the liv-

ing subject it is not easy to make sure of doing this as it should be done, or to feel certain in any instance that the artery has been properly twisted. The only rule I can lay down is to use all care in the process, especially in grasping the orifice of the artery, and to examine well the remaining torn end after the forceps have been set free by the torsion, so as to ascertain, if possible, whether the vessel is completely closed.

I do not wish you to go away with the impression that the trials of different modes of preventing hemorrhage from arteries have been made without due consideration, or that the conducting them has been unattended with anxiety. In the early years of my professional career, I was severely tried by some cases in which bleeding occurred and recurred after operations. These cases produced a deep impression upon me, and made me extremely cautious and careful in securing bloodvessels, particularly in the mode of applying the ligatures, and watchful in sponging the surface and examining the tied vessels before closing the wound; and I would not have been induced to try acupressure or torsion had I not been also strongly impressed with the great importance of using all means to obtain early union of the wounds after operations, or rather, I would say, immediate union of the whole or large part of a wound after an operation. There is no doubt that the success of operations will be increased in proportion as we can attain that result; and the prospect of attaining it must depend a good deal upon the mode in which the vessels are secured; the first desideratum being to prevent bleeding; the second, to do it in such a manner as shall least interfere with the healing process. The ligature effects the first object completely; but is so far open to objection with regard to the second, as to justify the cautious trial whether other modes which promise better as regards the healing process may not be equally effective in stemming the blood-currents from the arteries.—*British Med. Journ.*, May 23, 1868.

HOSPITAL NOTES AND GLEANINGS.

Trephining the Head of the Tibia for Abscess; Death; Autopsy.—There have lately been some very interesting surgical cases at King's College Hospital. With regard to the first noticed—viz., abscess of the cancellated structure of the head of the tibia—years ago legs were amputated for this disease, and for the simple reason that the abscess was not recognized. The great symptom—severe continued pain in one fixed spot, with exacerbations at night, and for which no treatment was of any avail—could not be accounted for. The patient became so much distressed and worn out by the pain simply as to pray for deliverance from it, and the limb was amputated. The pain then ceased, and a perfect cure was said to have been effected. A case of this description occurred in the practice of Sir Benjamin Brodie: he amputated in the lower third of the thigh, and the patient got well. The great surgeon, however, was anxious to find out, from after-examination of the severed limb, what morbid condition of the member existed. He made a section of the bone, and found an abscess in the head of the tibia. When next, therefore, Sir Benjamin Brodie saw a patient suffering from this peculiar fixed pain, which was not amenable to treatment, he made an incision down to the bone at the painful spot, and, with a trephine making a hole in the head of the tibia, came upon the abscess, and let out about a teaspoonful of pus. This operation completely set the patient on his legs again, and seems a good early example of conservative surgery.

An almost similar case to the above was admitted into King's College Hospital the other day. The following report is taken from the case-book:—

Thomas S., aged 20, a groom, living at Farnham, was admitted into the Albert Ward, under the care of Sir William Fergusson, with disease of the left tibia. He is rather a strumous-looking man, and states that he fell and injured his left leg fourteen or fifteen years ago. Since this time the upper part of the leg has swelled, and has become contracted on the thigh. The swelling "went and came again;" there was much pain, and abscesses formed on the front and inner side of the calf of the leg, and discharged freely. He says the swelling has gone on increasing, and that he has all along had much pain, particularly on the upper and inner side of the leg.

Present Condition.—The left leg below the knee is now much enlarged for about the upper two-thirds at the inner side and behind, and feels hard and bony. The ridge of the tibia can be traced all its length.

The inner side of the head of this bone is much enlarged. There is pain over the whole area of the swelling, particularly about the upper part and the cicatrices of the openings of the abscesses. There is considerable increase of pain during the night. Was ordered quinæ sulph. gr. ij, tinct. ferri mur. ♏xx, aquæ ℥j, t. d. s.

January 11, 1868. The patient having taken chloroform, Sir William Ferguson made an incision down to the bone, over the swelling, on the inner side of the left leg, five inches long. More room was then gained by making two short transverse incisions at the upper and lower extremities of the first incision; thus, [. Six holes were then drilled by a trephine into the interior of the tibia. The bone between these holes was removed by a "bone-pliers," and a large opening was made. On applying a gouge to the upper part of the cavity thus made, the instrument slipped through a thin shell of bone into an abscess just below the head of the bone. A small quantity of pus escaped. The walls of this abscess were then gouged away, and the scrofulous matter lining the abscess removed. The wound was filled with lint, and water-dressing applied. The patient was placed in bed, with his leg raised, and abducted, upon a pillow.

13*th*. Suppuration established; wound syringed with Condy's fluid. Patient states he feels very comfortable.

16*th*. Pulse 157, temperature 102½°; has had shivering; tongue dry. Ordered brandy ℥vj, and quin. sulph. gr. ij, acid. sulph. dil. ♏xx. aquæ ℥j, t. d. s.

18*th*. Has had repeated shivering attacks; looks queer and sunken about the eyes, and his skin appears slightly yellow. Pulse 152; temperature 102°; no pain.

20*th*. He "wanders" a good deal at times, particularly at night. Pulse 152; temperature 102°.

21*st*. The skin is very yellow indeed; the discharge from the wound has much decreased in quantity; slight cough; pulse 124; temperature 100°.

23*d*. No pain in wound, but great swelling of the knee-joint, and this joint is acutely painful.

25*th*. The house-surgeon was called to see him last evening about 7 o'clock, and found he was "stupid" and his cough very bad. Pulse very quick (164) and very weak. He gradually sank, and died at 10 A. M. this morning.

Post-mortem Examination Thirty-two Hours after Death.—At the post-mortem his body was found very much emaciated, and the skin of an intensely bright yellow colour. The wound had a very unhealthy appearance. On opening the knee-joint of the same leg it was found to be full of pus. But this pus did not appear to have been originally formed in the joint itself, as the membranes thereof were found quite healthy, but to have traversed some one or more channels which were found to run from the wound to the knee. Thus, the periosteum on the inner side of the tibia was separated from the bone all the way from the wound to the joint, forming one line of communication. On a section being made of the upper part of the tibia the bone was found perfectly honeycombed, and infiltrated with pus, with two canals running upwards, and opening into the knee-joint. Below the wound there was no pus, but the bone was extremely vascular. No secondary deposits were found, except in the lungs. These were discovered to be very much congested, and studded all over with small abscesses. The lungs were otherwise healthy. The liver was large in size, and strumous in character. However, no morbid alteration could be perceived accounting for the intensely jaundiced appearance of the patient.—*Med. Times and Gaz.*, Feb. 15, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—The nineteenth annual meeting of the Association was held in the city of Washington, on the 5th, 6th, 7th, and 8th of May, 1868. Subjoined will be found a concise summary of the proceedings.

The President, Prof. S. D. Gross, of Philadelphia, took the chair at 11 o'clock, May 5, and introduced Dr. G. Tyler, chairman of the Committee of Arrangements, who in an address tendered the greetings of the profession of Washington to the delegates assembled in that city.

The President then delivered the annual address, which was referred to the Committee of Publication.

Dr. C. A. Lee moved, in view of the importance of the subjects discussed in the President's address, and the suggestions,

that their consideration be assigned to a special committee, with instructions to report at the next meeting.

Drs. C. A. Lee, D. F. Condie, and J. L. Atlee were appointed said committee.

The following standing committees presented their reports:—

On Ophthalmology, by Dr. Jos. S. Hildreth. Referred to the Section on Surgery and Anatomy.

On Rank of Medical Men in the Navy, by Dr. N. S. Davis. Referred to the Committee of Publication.

On Insanity, by Dr. C. A. Lee. Referred to the Section on Psychology.

On the Treatment of Club-Foot without Tenotomy, by Dr. L. A. Sayre. Referred to the Section on Surgery and Anatomy.

On Medical Ethics, by Dr. H. I. Bowditch, calling attention to the two following points:—

1. The propriety of admitting the claims of regularly educated and well qualified female physicians to a status in the profession; and

2. The propriety of accepting the resignation of Dr. Julius Homberger, of New York, as a member.

At a subsequent meeting, after an animated discussion, the question of admitting the claims of female physicians was, by a nearly unanimous vote, indefinitely postponed.

With regard to the second point, the resignation of Dr. Homberger, after discussion at a subsequent meeting, the Association refused to accept it, and by a very decided vote he was expelled.

The Committee on Prize Essays reported that they had received four essays, but did not consider any one of them merited a prize.

The committee appointed to consider the subjects discussed in the President's address reported the following resolutions:—

1. *Resolved*, That the Publishing Committee are hereby invested with plenary power in regard to all papers not read before the Association or in the sections, to publish or not, as may seem expedient.

2. *Resolved*, That a committee of three be appointed by the Chair to take into consideration the subject of appointment of a commissioner in each judicial district or circuit, whose duty it shall be to aid in the examination of witnesses in every trial involving medico-legal testimony, and to report at the next meeting of the Association.

3. *Resolved*, That a committee be appointed to report next year in regard to the subject of an annual register of the regular profession in the United States, and in the mean time to take necessary measures to carry the plan into effect.

4. *Resolved*, That a committee be appointed to take into consideration the subject of the best mode of providing a fund for the relief of widows and orphans of deceased physicians, and report to the Association at the next meeting.

5. *Resolved*, That a committee of three be appointed to take into consideration the subject of the establishment of veterinary colleges, and report at our next meeting.

6. *Resolved*, That all hospitals and public institutions for the care and treatment of the sick should have educated, well-trained nurses only; that this Association would strongly recommend the establishment in all our large cities of nurse-training institutions.

The resolutions were debated *seriatim*, and resulted in the adoption of all except the sixth, which was referred to a committee.

Dr. McKew, of Maryland, offered the following resolution, which was adopted:—

Resolved, That the committee shall, in carrying out these resolutions, not subject the Association to any expense.

Dr. Cox, on behalf of the committee to revise and amend the present Constitution of the Association, submitted a report, which was ordered to be printed, and, according to the rule, lies over for consideration at the next meeting.

The committee to nominate officers and standing committees for the next year, also to select the place of meeting, was elected by the several delegations.

Dr. A. B. Palmer, on behalf of the Committee on Medical Education, submitted a report, which was referred to the Committee of Publication. Dr. Palmer stated that several gentlemen had expressed the view that the programme of study was too revolutionary in its character. He was, however, ready to correct any errors of statement in the report in question.

Dr. Comegys offered the following, which was adopted:—

Resolved, That the American Medical Association refers the whole subject of medi-

cal education to the faculties of the regular medical colleges of the nation, pledging itself to adopt and enforce any system or plan that may be agreed upon by two-thirds of all recognized medical colleges.

Resolved, That the resolution be referred to the committee already acting in this matter, and they are requested to report within two years from this session.

Dr. Mendenhall, on behalf of the Committee on Medical Literature, read a report, which was referred to the Committee of Publication.

The following papers were read by title, and referred to the sections as follows:—

"On the Best Methods of Treatment for Different Forms of Cleft Palate," by Dr. Wm. R. Whitehead, of New York. To the Section on Surgery and Anatomy.

"Remarks on some of the Operations for Vesico-Vaginal Fistule, with an account of a new self-retaining speculum, and a new mode of securing the patient," by Dr. Nathan Bozeman, of New York. To the same Section.

"The Treatment of Syphilis by Hypodermic Injection," by Dr. L. Elsberg, of New York. Referred as above.

"A Series of Plans for the Collection and Statistical Arrangement of Facts in regard to Climatological and Sanitary Conditions of the various States," by Dr. Wm. Faulds Thoms, of New York. This paper was accompanied by the statement that these plans, when filled up, will enable investigators to trace the comparative influence of these facts in the production of epidemics. Referred to the Section on Meteorology, Medical Topography, and Epidemic Diseases.

"On the Climatology of South Carolina," by Dr. Percival, of Aiken, S. C. Referred to the same Section.

"A New Method of Reconstructing the Lower Lip after Removal by Disease," by Dr. Gurdon Buck, of New York. Referred to the Section on Surgery and Anatomy.

Dr. Hamilton stated that he had an apparatus for the administration of anæsthetics, the invention of a friend, not a member of the Association. This he considered to be of value, and desired an opportunity to demonstrate its mode of application. Referred as above.

The reports of the Treasurer and of the Committee of Publication were read and ordered to be printed.

The Committee on Nominations reported the following for officers for next year, which was unanimously adopted:—

President, Wm. O. Baldwin, M. D., of Montgomery, Ala. *Vice-Presidents*, Drs. Geo. Mendenhall, N. Young, P. Monroe, and S. M. Bemis. *Treasurer*, Dr. Caspar Wister. *Assistant Secretary*, Dr. A. G. Semmes.

Also New Orleans as the next place of meeting.

Dr. Brinsmade offered the following resolutions on behalf of the New York State Medical Society, which were adopted:—

Resolved, That the chairman of the delegates from this Society to the American Medical Association be requested to present to said Association, as the desire of the Medical Society of the State of New York, the following resolution, and to urge its adoption:—

Resolved, That the faculties of the several medical colleges of the United States be recommended to announce explicitly in their annual commencement circulars and advertisements that they will not receive certificates of time of study from irregular practitioners, and that they will not confer the degree upon any one who may acknowledge his intention to practise in accordance with any exclusive system.

Dr. Cox read the report on American Medical Necrology, which was ordered to be printed.

Dr. Howard submitted the following resolution, which was adopted:—

Resolved, That a committee of three be appointed to report at the next annual meeting on the subjects of specialties in medicine and the propriety of specialists advertising.

Drs. E. L. Howard, F. Donaldson, and C. Johnson, all of Maryland, were appointed that committee.

Dr. W. O. Baldwin, the newly-elected President, was introduced to the Association, and expressed in an address his sense of the high honour conferred on him.

On motion of Dr. N. S. Davis, the Chair was instructed to appoint a committee of three to report at the next session on the practicability of establishing a library of American Medical works.

On motion of Dr. H. A. Martin, the following preamble and resolution were adopted:—

It seems proper that this Association should not be without a committee on a

subject so transcendently important as that of vaccination; therefore,

Resolved, That a standing committee of one be appointed upon the whole subject, to report from time to time on such topics connected with vaccination as shall, in the estimation of such committee, appear of chief practical interest and importance to the profession.

The usual standing committees were appointed.

The reports from the several sections were read and adopted.

Dr. Hibberd made a verbal report from the Section on Medical Jurisprudence, Hygiene, and Physiology, stating that, after a careful examination of an essay by Dr. Joseph Jones on "Albinism in the Negro Race," they recommend, in view of its great excellence, that it be submitted to the Smithsonian Institution for publication, which was adopted.

The following resolutions were submitted and adopted:—

Resolved, That a committee of three be appointed on the Use of Prophylactics in Zymotic Diseases.

The Chair appointed Dr. Nelson L. North, of New York, chairman of said committee.

Resolved, That a committee be appointed by the Chair on the Utilization of the Sewerage of Cities, to report at the next session of the Association.

Dr. Elisha Harris, of New York, was accordingly appointed chairman of said committee.

Resolved, That a committee of three be appointed by the President, on the subject of the Sewerage and Drainage of Cities, Towns, and Malarious Districts of Country, to report at the next meeting of the Association.

Dr. Stephen Smith, of New York, was appointed chairman of said committee.

Resolved, That a committee be appointed by the Chair on the subject of Inebriate Asylums, to report at the next meeting of the Association, and that Dr. C. H. Nichols, of the Government Hospital for the Insane, be chairman of said committee.

Dr. F. Howard, of the District of Columbia, and Dr. J. R. W. Dunbar, of Maryland, were appointed the additional members of said committee.

Various amendments to the Constitution were offered, and, in accordance with the rules, laid over for consideration at the next meeting.

After the adoption of the usual votes of thanks, the President, Dr. Gross, delivered a closing address, and the Association adjourned, to meet next May in New Orleans.

We shall endeavour to lay before our readers in the next number an abstract of the proceedings of the several sections.

—

Medical Society of the State of Pennsylvania.—This Society held its annual meeting in Harrisburg on the 10th, 11th, and 12th of June, 1868, in the hall of the House of Representatives.

Dr. Wm. H. Engle, on behalf of the Dauphin County Medical Society, welcomed the members.

A committee was appointed to nominate officers and censors for the ensuing year.

On motion of Dr. Curwen, Superintendent of the Harrisburg Lunatic Asylum, a resolution was adopted for the appointment of a committee to urge upon the legislature the propriety of enacting a law which should so determine the relations of the insane as to protect the medical profession in giving certificates of insanity, the insane from improper influences, and the community generally from injustice and oppression. He presented the resolutions adopted by the Association of Medical Superintendents of American Hospitals at their recent meeting in Boston, submitting a law to regulate the admissions to asylums of private individuals.

Drs. Curwen (Harrisburg), King (Pittsburg), Crawford (Lycoming), Atlee (Lancaster), and Richard J. Dunglison (Philadelphia), were appointed on the committee.

Dr. W. L. Atlee again brought before the Society a resolution interpreting the Code of Ethics to allow the admission of female physicians; which was defeated.

On motion of Dr. Jos. Parrish, of Media, a series of resolutions were adopted, among which was one for the appointment of a committee to report to the next meeting on the medical, social, and civil aspects of intoxication by alcohol and opium, and our duty as physicians in the premises.

The President appointed on said committee Drs. Parrish, of Delaware County; Price, of Chester; Wallace, of Erie; and Atkinson, of Philadelphia.

On motion of Dr. J. Cummiskey, a resolution was adopted to memorialize the State Legislature for the passage of an act authorizing the Society to appoint an inspector

of drugs for the State, and Drs. Cummiskey, Nebinger, and Bolles were appointed on the committee.

Dr. Cummiskey also offered a preamble and series of resolutions in regard to the practice of procuring abortion and the publication in newspapers of advertisements of medicines for that purpose, and asking for the appointment of a committee to present this matter properly before the legislature at its next session. After discussion the subject was referred to a committee, consisting of the mover, Drs. Nebinger and Wallace.

Dr. John L. Atlee, of Lancaster, on behalf of the Committee of Nominations, reported the following as the officers for the next year:—

For President: Dr. John Curwen, of Harrisburg.

For Vice-Presidents: Drs. Wm. Wallace, of Erie; J. G. Kohler, of Schuylkill; P. B. Breinig, of Northampton; Jacob Price, of Chester.

For Corresponding Secretary: Dr. W. B. Atkinson, of Philadelphia.

For Recording Secretary: Dr. James L. Stewart, of Erie.

For Treasurer: Dr. William Mayburry, of Philadelphia.

Committee of Arrangements and Credentials: Drs. George C. Bennett, D. D. Loop, and D. H. Strickland, of Erie, and W. B. Atkinson and William Mayburry, of Philadelphia.

Also the names of Censors for the several districts, and of delegates to other societies, and Erie for the next place of meeting, all which was unanimously adopted.

Dr. Jos. Parrish offered the following resolutions, which were adopted:—

Resolved, That Dr. Kirkbride, of the Pennsylvania Hospital for the Insane; Dr. Worthington, of the Frankford Asylum; Dr. Given, of Clifton Hall; Dr. Curwen, of Harrisburg, and Dr. Reid, of Dixmont, be requested to prepare an address on the legal and medico-legal definitions of insanity, with counsel to physicians how to diagnosticate it in private practice, and how to proceed wisely in procuring admission of patients to the several institutions over which they preside so successfully, and to publish the address in the medical journals and in the public papers, if they deem it proper to do so, at as early a day as may be convenient.

Resolved, That the Secretary be instructed to transmit a copy of this resolution to each of the gentlemen named.

Dr. W. M. Wallace, of Erie, offered the following, which was unanimously adopted:—

Resolved, That the thanks of this Society are sincerely tendered to the Medical Society of Dauphin County for their handsome and liberal entertainment of last evening, and for their kindness and courtesy so agreeably shown to the members of the State Society during our stay in Harrisburg.

The new officers were then installed, and the Society adjourned to meet at Erie on the second Wednesday in June next.

—

Death from Chloroform.—Dr. B. F. Brown, of Oneida, Knox Co., Ill., records (*Chicago Med. Examiner*, June, 1868) an example of this in a healthy woman, æt. 35, mother of three children, who applied to a dentist to have a tooth extracted. She requested that chloroform should be given her, which she had taken six months before for the same operation without any bad effect. The dentist poured about two drachms on a sponge and held it a short distance from her face. After she had made three or four inspirations her respiration ceased, and she became pulseless. Artificial respiration and stimulating applications over the heart and extremities were at once resorted to, but without the least effect.

—

University of Pennsylvania, Medical Department.—The autumn course of preliminary lectures for 1868, *free* to students, will commence on Monday, September, 7, and terminate on October 10.

The lectures will be delivered as follows:—

Microscopy, James Tyson, M. D., Microscopist to the Philadelphia Hospital.

Regional Anatomy, D. Hayes Agnew, M. D., Surgeon to the Pennsylvania Hospital.

Physical Diagnosis, James J. Levick, M. D., Physician to the Pennsylvania Hospital.

Diseases of the Skin, H. Lenox Hodge, M. D., Physician to the Children's Hospital.

Morbid Anatomy, William Pepper, M.D., Physician and Pathologist to the Philadelphia Hospital.

Pennsylvania Hospital.—Dr. James H. Hutchinson has been elected one of the attending physicians to this Hospital, to fill the vacancy caused by the resignation of Dr. W. W. Gerhard. The appointment is one well calculated to maintain the high reputation which this venerable institution has always enjoyed.

—

Jefferson Medical College.—Dr. J. Aitken Meigs has been elected to the chair of Institutes of Medicine, which was lately vacated by Prof. Robley Dunglison. This appointment is considered an excellent one.

—

Wills Hospital for the Blind and Lame.—The Board of Managers lately determined that four assistant surgeons should be added to the present surgical staff and they have elected to these positions Drs. Harrison Allen, Geo. C. Harlan, Edward Livezey, and —— McClure.

—

Episcopal Hospital, Philadelphia.—Dr. Herbert M. Howe has been elected one of the attending physicians to this Institution to fill the vacancy caused by the resignation of Dr. James H. Hutchinson.

—

Eye Hospitals in Philadelphia.—Our respected contemporary, *The Medical Record* (June 1, 1868), is in error in saying: "The *News* thus claims that the Wills Hospital was the second Eye and Ear Hospital established in the United States." On the contrary, we distinctly stated that the second Eye and Ear Infirmary established in this country was the "Pennsylvania Infirmary for Diseases of the Eye and Ear," opened on the 15th Feb., 1822, and which was chartered by the State legislature, and continued in operation for more than two years—when, in consequence of the insufficiency of its funds—the founding of a well endowed hospital for affections of the eye, and the election of one of the Surgeons of the Pennsylvania Infirmary who had been most active in its establishment as Surgeon of Wills Hospital, the Infirmary was closed. Its charter, however, has never been surrendered, and the corporators may, at any time, collect funds for the purpose and reopen it, should they deem it expedient to do so.

—

Jewett and Russel Prizes.—The Committee of the Connecticut Medical Society on Prize Essays have awarded both the Jewett and Russel Prizes of *two hundred dollars* each to Drs. Roberts Bartholow of Cincinnati, Ohio, for essays on "the proper use and abuse of quinia," and on "the best hygienic measures for the preservation of an army."

The unsuccessful essays are held subject to the order of their authors.

—

The Mahopac House, for the Relief and Cure of Epileptics and Paralytics.—Dr. M. Gonzalez Echeverria, well known to have paid especial attention to diseases of the nervous system, has opened at Lake Mahopac, Putnam County, New York, a private institution for the treatment of those suffering from epilepsy, paralysis and other nervous diseases.

He states, in his circular, that "in carrying out the important object of this Institution, it is designed to improve or cure such sufferers from epilepsy and paralysis, not by *specific remedies*, but mainly by the association of hygienic and medicinal means; the plan of treatment being modified according to the individual conditions of every case, and looking to invigorate the organism by making it undergo a deep change, increasing the power of nutrition, usually so deficient with epileptics and paralytics.

"The Mahopac House, by its high location and proximity to one of our most beautiful lakes, affords every condition of unsurpassable healthfulness and quietness, so much needed for the successful treatment of nervous diseases. The House is fitted up with gas, water, bath-rooms, and all necessary to the best comfort of patients. It is also provided with a billiard table, a room for calisthenics, the proper apparatuses for exercise and cure of paralytics, and the arrangements to administer the different kinds of baths.

"Particular attention is paid to cases of infantile paralysis, and to the deformities of the limbs consequent thereon, capable of being cured by systematic exercise, the application of electricity, local baths, &c.

"Cases of dipsomania and of nervous derangements induced by intemperate habits, are also received and treated at the Institution."

—

Obituary Record.—Died, suddenly, in Boston, April 17th, 1868, aged 74 years, John Homans, M. D., one of the most highly esteemed, respected, and useful physicians of that city.

Died, in New York, April 26th, 1868, ISAAC WOOD, aged — years, a much honored, upright, valued practitioner.

— New York, April 7th, 1868, JOHN P. BATCHELDER, in the eighty-third year of his age. Dr. B. formerly occupied the chair of Anatomy in Castleton College, Vermont, and subsequently that of Surgery in the Medical School at Pittsfield, Mass. For the last quarter of a century he resided in New York where he was much respected, and was at one period President of the Academy of Medicine.

— In Philadelphia, on the 11th June, aged 80 years, NATHAN SHOEMAKER, M. D. Dr. S. had for some years retired from the active duties of the profession, but at one time he enjoyed an extensive practice, especially as an accoucheur, and was universally respected, for his skill and high moral character.

FOREIGN INTELLIGENCE.

Spinal Origin of Rheumatism.—Dr. DAY, of Stafford, recently read before the Medical Society of London, a paper in which he advocated the views put forth several years ago by the late Dr. J. K. Mitchell, of Philadelphia, as to the spinal origin of rheumatism. Dr. Day maintains that in all cases of acute rheumatic disease the cerebro-spinal system is first implicated. There is congestion or irritation of the spinal nervous system, with secondary consequences—viz., increased heat of surface (as is common after nerve-injury), redness, pain, and stiffness of muscles, and through the sympathetic nervous system, disorder of the digestive functions. The first impression made upon the nervous system is not necessarily directly upon the nerve centres, but on the peripheral extremities of the nerves, whence it is communicated to the centres. Dr. Day, in illustration of his views, referred to the theory of resistance of force in the nervous system as recently propounded by the president of the Society, and expressed a strong opinion that that theory was in entire accord with the theory of the spinal origin of rheumatism, and with the facts of the allied disease, cerebro-spinal meningitis. The first difficulty to be contended with in the adoption of the theory of the spinal origin of rheumatism consists in the many evidences which seem to support the idea that rheumatic fever is what is called a blood-disease, and that the symptoms depend upon the presence of a poison in the blood—lactic acid. Dr. Day does not deny the presence of this acid, or of a similar organic acid, neither does he dispute that it is provocative of mischief when it is present; but he contends that the acid is a product, and is a secondary occurrence. Dr. Day's experience has been large and varied. He is known to be an accurate observer of disease. His opinion is entirely in accordance with the belief of many modern physicians of advanced views, and deserves the closest attention. Dr. RICHARDSON stated that he *had relinquished the idea that lactic acid was the active agent in the production of rheumatism*, and was disposed to seek for the *vera causa* in some such direction as that indicated in the paper.—*Lancet*, May 23, 1868.

Fungoid Theories of Disease.—Dr. SALISBURY has added thirty new varieties of vegetable parasites, which he describes as characteristic of particular conditions of the urinary, intestinal, and mucous secretions generally. Meantime, Dr. Gavin Milroy has obtained from the Rev. M. J. Berkeley, the most distinguished of British mycologists, answers to an elaborate series of questions on epiphytes in plants and epidemics of blights or epiphytes, hoping that they might throw some light upon our own observations of epidemic diseases of man. Dr. Milroy's questions are very carefully devised to cover the whole ground of telluric and atmospheric influence. The answers are too long to be quoted here, and we must refer our readers for them to the *Gardener's Chronicle and Agricultural Gazette* for May 2d and 9th, 1868. The following are perhaps the two most directly important points which are elucidated.

"13. *Q.* Have any particular epiphytes been observed to be frequently antecedent to, or coexistent with, epidemic diseases in men, or with murrains among the lower animals? Is there any published record or register of such coincidences? Also, has any inter-relation or mutual connection been observed between the occurrence of different epiphytic disease?—*A.* Ergot is the most prominent instance. It not unfrequently, where rye is extensively used, produces disease, and I have reason to be-

lieve that, in years when it is prevalent in grass fields, cows and ewes are apt to slip their young. I believe that it sometimes produces gangrene in sheep. I do not believe in Hallier's views of the connection of cholera with parasites on rice. I am taking great pains to ascertain what are the rice-parasites. I believe Hallier's notions to be entirely theoretical. That some cutaneous disorders arise from fungi is pretty certain, but there is nothing to show that fevers, or other contagious or infectious diseases, arise from the same cause. It was supposed that diphtheria depended on a fungus; but I have examined diphtheria membranes, in which there was no fungus. No interrelation between different epiphytic diseases has been observed, unless the connection between the æcidium of the berberry and wheat-mildew be considered as proved; but, even if this were the case, it merely shows that the same fungus may exhibit different phases under different circumstances, as is undoubtedly true in puccinia and aregma, not to mention other epiphytes.

"15. *Q.* What is, or what is believed to be, the pathology or visible morbid change which constitutes, or is at least always associated with, the best known epiphytic diseases? Has it been shown to be of the nature of an organic germ, or spore, or molecule? or is the subject still as occult and inscrutable to the vegetable physiologist as the originating cause of most epidemic diseases is to the physician?—*A.* In the bunt the whole process is traceable; the parasite obtains admission from without, and the spawn traverses the young plants. In plants impregnated by myself I have seen the stem as well as the grain affected; but I never saw this in the fields. The potato-murrain, again, is distinctly traceable in affected tubers, the threads seeming to have a power of decomposing the cell-walls so as to gain admission to the tissues very deeply. In some cases the effect of the presence of the parasite is to produce a hypertrophy of the tissues, in bunt an intensity in the colour of the chlorophyll, or at least such an alteration of colour that a practised eye will at once detect a bunted plant. In many cases, however, I doubt whether the best microscopes will always detect fungous spawn; and such investigations require great caution, as the junctures of the cell-walls are very deceptive."—*British Medical Journal*, May 23, 1868.

New Anæsthetic Agent.—The editor of the *Med Times and Gazette* states (No. for May 30, 1868) that he has witnessed some experiments performed by Dr. B. W. Richardson, with a new anæsthetic agent, methylic ether. This substance is made by acting on methylic alcohol with sulphuric acid, and washing the product with solution of potash. Methylic ether is obtained as a gas, but it is very soluble in ether and alcohol. One volume of water takes up thirty-seven volumes of the gas. Its chemical composition is $(CH_3)_2O$. The specific gravity of the vapour is 23. Dr. Richardson's experiments were performed with this gas dissolved in ether to saturation. As an anæsthetic agent it differs from ordinary ether in its lower specific gravity and in the fact that blood absorbs it much more readily. (According to Dr. Richardson, blood will dissolve at 60° Fahr. as much ordinary ether as would represent twenty-two volumes of vapour. At the same temperature blood will dissolve thirty-six volumes of methylic ether vapour. At the temperature of the body, 98°, the absorption would be in nearly half these proportions—*i. e.*, the circulating blood would take up eleven volumes of common ether vapour and eighteen volumes of methylic ether vapour.) The experiments we witnessed were made on pigeons. In one case the animal was placed under a bell-jar, and the atmosphere impregnated with methylic ether; in the other the pigeon was made to inhale the vapour from a kind of respirator. In both cases complete anæsthesia was very rapidly and easily produced. The sleep was quiet and perfect. The anæsthetic appears to produce its effect without agitation or convulsion, and it is not generally followed by sickness. In the case of one of the pigeons the eyes remained open during the insensibility. The rapid action of this anæsthetic in all the experiments—less than a minute—points it out as likely to be specially useful in quick operations, such as tooth-drawing, where it is desirable that anæsthesia should be rapidly produced. Dr. Richardson has experimented on himself with this substance. It was observed that in his case there were no preliminary spasm about the larynx or elsewhere, no rigidity, no alteration of colour, or lividity. The anæsthesia was perfect, was preceded by no convulsion, and followed by no sickness. During the administration the pulse rose to about 96.

Tincture of Pyrethrum Roseum, a Specific against Noxious Insects.—A well-known German traveller, F. JAGER, in his *Sketches of Travels in Singapore, Malacca, Java* (Berlin, 1866), describes the powder of the Pyrethrum roseum as a specific against all noxious insects, including the troublesome mosquitoes and those which attack collections. He says: "A tincture prepared by macerating one part of the Pyrethrum roseum in four parts of dilute alcohol, and, when diluted with ten times its bulk of water, applied to any part of the body, gives perfect security against all vermin. I often passed the night in my boat on the ill-reputed rivers of Siam without any other cover, even without the netting, and experienced not the slightest inconvenience. The 'buzzing,' at other times so great a disturber of sleep, becomes a harmless tune, and, in the feeling of security, a real cradle-song. In the chase, moistening the beard and hands protects the hunter against flies for at least twelve hours, even in spite of the largely increased transpiration due to the climate. Especially interesting is its action on that plague of all the tropical countries, the countless ants. Before the windows, and surrounding the whole house where I lived at Albay, on Luzon, was fastened a board six inches in width, on which long caravans of ants were constantly moving in all directions, making it appear an almost uniformly black surface. A track of the powder several inches in width, strewed across the board, or some tincture sprinkled over it, proved an insurmountable barrier to these processions. The first who halted before it were pushed on by the crowds behind them; but, immediately on passing over, showed symptoms of narcosis, and died in a minute or two; and within a short time the rest left the house altogether."—*Brit. Med. Journ.*, May 30, 1868.

—

Fat from Flesh.—HERREN VOIT and PETTENKOFER, in publishing a result which must materially modify the laws of physiology and hygiene, urge as a further illustration of what they have demonstrated as a scientific problem, the familiar instances of the sucking-pig and the wax of the common beehive. Here, they say, we have the existence of definite fatty substances, whose quantity is infinitely greater than that contained in the material from which it is obtained. As a mere chemical illustration of the force of their views, they refer to the development of fatty acids in the decomposition of ordinary albumen. These, say the Bavarian chemists, are striking indications of the possibility of converting albuminous substances into fat, and yet physiologists have overlooked them in their acceptance of a theory of the formation of fat from hydrocarbons—a theory which is absolutely undemonstrable. But as hypothetical argument meets with little favour from practical men, and as the *experimentum crucis* is looked to as the highest test of a sound empiricism, we shall lay before our readers some of the very singular experiments which have been conducted by Professors Pettenkofer and Voit.

The first animals selected for experiment were dogs, and of these some were fed upon pure albumen, and others were submitted to a starchy diet; and what were the results? The dogs fed upon albumen absolutely fattened upon it, and fatty matter was found in their excretions. Those, on the other hand, whose diet had been starchy never fattened at all. A nursing bitch was next selected for experiment. She was fed upon several varieties of food, but was found to form the greatest quantity of fat from pure flesh; indeed, when she was fed upon a mixed diet of flesh and hydrocarbons, it was discovered that the quantity of fat and sugar in her milk had sensibly diminished. An objection to the conclusions drawn from these inquiries—at least so far as they refer to man—might be found in the fact that carnivorous animals may differ from omnivorous in regard to the physiology of digestion; but this objection would, we apprehend, be more apparent than real.

However, even on this point the opponents of the new hypothesis would be fully met by the experiment we are now about to detail. A milch cow having been set apart for observation, she was watched from hour to hour for a period of a week by Herr Voit's assistants, and the urine having been carefully collected, the results given below were arrived at, and for their accuracy Herr Voit pledges his reputation as a chemist.

"In the course of six days the cow consumed in meal (?) and hay 1407 grammes of nitrogen, and eliminated 1440 grammes in the urine, excrements, and milk, the difference thus corresponding to about 2 per cent. In the 80·6 kilogrammes of hay and the 14.7 kilogrammes of meal there were 2663 grammes of fatty matter, 1044 grammes were found in the excrements, and conse-

quently 1619 grammes were introduced into the circulation. In the urine, weighing 178 kilogrammes, were found 562·4 grammes of nitrogen. If we calculate the quantity of corresponding albumen, and the quantity of carbon contained in this albumen, we find that the latter is equivalent to 2220 grammes of fat, which it is necessary to reduce to 2120 only, because 4.5 per cent. of the carbon remains united to the oxygen after decomposition of the albumen. The 57.3 kilogrammes of milk contained 1877 grammes of albuminoid substances, 1976 grammes of fat, and 3177 grammes of sugar. The albumen in the body may thus produce 144 grammes of fat more than is found in the milk. Now, the carbon of the sugar of milk corresponds to 1670 grammes of fat, whilst the 144 grammes in question, added to the 1619 of the food, make a total of 1763."

The immense difference between the ingested and egested fat shows clearly enough that it is not necessary to have recourse to the hydrocarbon theory to account for the development of fat in the body. "Consequently (say the Munich *savants*) it is extremely probable that, even in the herbivora, hydrocarbons do not furnish matter for the formation of fat, but allow of its development by being consumed, and thus supplying what it would otherwise provide for." Whatever may be the ultimate decision as regards these surprising results, one thing is certain —the hypothesis which has been promulgated by Herren Pettenkofer and Voit is one of the highest interest to the physiological chemist, and one which must leave its mark on the physiology and practical medicine of the future.—*Med. Times and Gaz.*, May 23, 1868.

—

Suture of Nerves.—At the Society of Surgery, M. PAULET has read a very elaborate paper on the Immediate and Indirect Consequences of Traumatic Lesions of Nerves. Two cases here recently have excited interest in this subject. In one, M. Langier united by suture the cut ends of the median nerve; and on the same day there was a commencement of restored sensibility and voluntary movement. In the other, M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, medium, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists who have divided and resected nerves. To explain them, reference has been made to peripheral anastomoses, such as M. Robin has pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But M. Paulet points out that, if the explanation lies here, the function should have been carried on by them immediately after the section of the nerves, not slowly re-established. After a very long literary research and a great number of experiments, he confesses himself unable to elucidate the difficulty and discord. —*Brit. Med. Journ.*, May 16, 1868.

—

Comparative Action of Various Disinfectants in the Purification of Ship's Bilges. —The *Medical Press and Circular* (June 10th, 1868) contains a translation of an interesting paper on this subject by Dr. BERENGER-FERAUD, published in the *Archives de Médecine Navale.*

The following are Dr. B 's conclusions:—

1. Wood charcoal is radically inefficient and inapplicable.

2. Chlorine and chloride of lime are hurtful as well as inefficient.

3. Carbolic acid is of no use, and has an insupportable odour.

4. Protosulphate of iron may for the present be preferred; it is sufficiently active to be of considerable use, and very low in price.

5. Permanganate of potash is infinitely superior to all the preceding substances, and is destined to put them all into the shade so soon as it can be sold at a figure permitting its use on the large scale. Even its present price is no bar to its employment, when it is necessary rapidly and completely to purify a ship's fetid bilges.

—

Liebig and his Opponents.—When the brilliant speculations of Pasteur on the subject of fermentation and of Fick and Wislicenus on that of nutrition were published, the old supporters of Liebig's hypotheses expected that the "father of organic chemistry" would be roused to defend his doctrines, and when they found Liebig silent, they construed his reticence into an admission that his opinions were unfounded. How gratified they will be to know that the veteran has returned to the charge, and, in a lecture just delivered (May 10) before the Academy of Sciences of Bavaria, has analyzed and rejected as unsound the theories of his adversaries! Assuredly Liebig's ob-

jections to Pasteur's method of experimentation, however little they afford a proof of his own doctrines, appeal to common sense against those of his opponent. One of Pasteur's most remarkable experiments on the subject of fermentation was that in which he proved (?) that the yeast fungus grows and increases in a mixture of tartrate of ammonia, sugar, and yeast ashes. To this experiment Liebig objects, that the principal constituent of yeast is a substance rich in sulphur, and since the experimental solution contained no sulphur, it was impossible that the yeast could have grown in it. In reply to Fick and Wislicenus, whose theory of nutrition has thrown such doubt on Liebig's, the President of the Bavarian Academy says that the experiments of these chemists rest on a series of misconceptions as to the nature of the organic processes involved in nutrition. "It is," he says, "just as impossible by the combustion of dried muscle to calculate its efficiency in the living body as it was by the combustion of a dried bee to estimate the work which it accomplishes in the flight of many hours, carrying the weight of its own body several miles."—*Med. Times and Gaz.*, June 6th, 1868.

—

Lateral Hermaphroditism.—In the *Liverpool Medical and Surgical Reports*, October, 1867, Dr. RAWDON describes a case of true lateral hermaphroditism, in which a tolerably developed vagina and uterus were present. In the left broad ligament a Fallopian tube, a round ligament and apparently a parovarium were found, but no trace of either testicle or ovary; in the right broad ligament a Fallopian tube and a distinct testicle, with an epididymis, and a vas deferens, which was traceable on the side of the uterus as far as the cervix, the junction between the testicle and the epididymis being very feebly, if at all developed. The conformation of the pelvic cavity was between the male and female types. It was alleged by the person that a partial occurrence of the menstrual secretion took place regularly. The case is of interest in its bearings on the developments of the genital apparatus, and from the coexistence of a Fallopian tube and a vas deferens on the same side of the body, it supports the view that these ducts are developed from distinct embryonic structures, viz., from the Müllerian duct and the excretory duct of the Wolffian body.

Mrs. Lyon and the Celebrated Spiritual Medium Home.—It appears from our late journals that the suit brought by Mrs. Lyon against the celebrated spiritualist, Home, for the recovery of a large amount of money, of which that weak and credulous lady had been deluded, under spiritual influences exercised by the cunning medium who had made a submissive convert of her, has been decided in her favour.

Vice-Chancellor, Sir G. M. GIFFARD, in delivering judgment in the case of Lyon *v.* Home, spoke a few sentences with regard to the so called "spiritualism" of which the defendant is a "medium," that well deserve permanent record as a valid criticism of a prevalent psychological delusion which readily lends itself to imposture.

"I have now only a few words to say in conclusion. I know nothing of what is called 'spiritualism,' otherwise than from the evidence before me; nor would it be right that I should advert to it, except as portrayed by that evidence. It is not for me to conjecture what may or what may not be the effect of a peculiar nervous organization, or how far that effect may be communicated to others, or how far some things may appear to some minds as supernatural realities, which to ordinary minds and senses are not real. But, as regards the manifestations of and communications referred to in this case, I have to observe, in the first place, that they were brought about by some means or other, after, and in consequence of, the defendant's presence—how, there is no proof to show; in the next, that they tend to give the defendant influence over the plaintiff, as well as pecuniary benefit; in the next, that the system, as presented by the evidence, is mischievous nonsense, well calculated, on the one hand, to delude the vain, the weak, the foolish, and the superstitious; and, on the other, to assist the projects of the needy and of the adventurer; and, lastly, that beyond all doubt there is plain law enough and plain sense enough to forbid and prevent the retention of acquisitions such as these by any 'medium,' whether with or without a strange gift. And that this should be so is of public concern, and (to use the words of Lord Harwicke) 'of the highest public utility.'"

Judgment was given against the defendant, Home: and he has to transfer and assign the whole of the fraudulently acquired £60,000 to the plaintiff, Mrs. Lyon.

NEW WORKS ON THE EYE.

LAURENCE & MOON'S HANDY-BOOK.

A HANDY-BOOK OF OPHTHALMIC SURGERY; for the use of Practitioners.

By JOHN Z. LAURENCE, F. R. C. S., Surgeon to the Ophthalmic Hospital, Southwark, Editor of the Ophthalmic Review, &c., and ROBERT C. MOON, House Surgeon to the Ophthalmic Hospital, Southwark. With numerous illustrations. In one very handsome octavo volume, extra cloth, $2 50.

From the Author's Preface.

"In writing these pages it has been our aim to bring the principles and practice of modern ophthalmic surgery within a small compass, to supply the wants of the busy practitioner, who may have neither time nor opportunity to read the innumerable contributions that ophthalmic surgery and science have received within the last fifteen years.

"In describing symptoms, we have limited ourselves to those which are essential for the *recognition* of disease; in describing operations, &c., to those details which are essential for its *treatment*."

The Handy-Book, produced by Mr. Laurence in conjunction with Mr. Moon, is all that its name implies. Without unnecessary detail, it gives a brief account of the most distinctive features of modern ophthalmic practice, of the new modes of treatment, and of the new operations.—*London Lancet*, March 28, 1868.

Eminently scientific and practical, written up to the present state of ophthalmic knowledge, and fully sustaining Mr. Laurence's reputation as an original thinker, and a clever and learned author.—*Dublin Quarterly Journal of Medical Science*, August, 1867.

No book on ophthalmic surgery was more needed. Designed, as it is, for the wants of the busy practitioner, it is the *ne plus ultra* of perfection. It epitomizes all the diseases incidental to the eye in a clear and masterly manner, not only enabling the practitioner readily to diagnose each variety of disease, but affording him the more important assistance of proper treatment. Altogether this is a work which ought certainly to be in the hands of every general practitioner.—*Dublin Med. Press and Circular*, Sept. 12, 1866.

Extremely well calculated to give a sort of bird's-eye view of modern ophthalmology. As far as it goes it is very clear and accurate; and it mentions nearly every subject of importance. It scarcely contains an irrelevant or unnecessary sentence; and it is an example of the kind of condensation that can only be accomplished by writers who are perfectly conversant with the subject of which they treat.—*The British and Foreign Med.-Chirurg. Review*, July, 1866.

There is very much valuable matter compressed into the book, and its careful perusal will abundantly repay not only one who wishes to get a quick survey of the present state of ophthalmology, but also the practitioner to whom it is important to compare others' opinions with his own. We recommend the book to all interested in the subject, not doubting it will contribute to the diffusion of knowledge on an important branch of the art of healing.—*Boston Med. and Surg. Journal*, August 2, 1866.

We have read this little volume with great pleasure, and could not be induced, for thrice the published price, to be without it.—*Atlanta Med. and Surg. Journal*, March, 1867.

Not only, as its modest title suggests, a "Handy-Book" of Ophthalmic Surgery, but an excellent and well-digested *résumé* of all that is of practical value in the specialty. Within the past fifteen or twenty years innumerable contributions have been made to ophthalmology, many of which are so overloaded with pedantry and impracticable suggestions that it is difficult for the student, or even for the practitioner who cannot devote special attention to this branch, to sift the wheat from the chaff. To such as these Mr. Laurence's book is especially valuable, containing nothing but what is of practical moment.—*N. Y. Journal of Medicine*, Nov. 1866.

This treatise on diseases of the eye is one of the best and clearest compendiums on this subject that have come under our notice. The authors have aimed rather to state facts than to explain them, and they have in this way succeeded in adapting their work to the needs of the general practitioner, who has not enough leisure time to devote to a thorough study of the subject. As a book for hasty reference, we recommend it heartily.—*Detroit Rev. of Med. and Pharm.*, April, 1867.

This work is a most excellent *résumé* of all that is of practical utility in this specialty, and will be found of great value by general practitioners, those who, living at a distance from the centre of Medical and Surgical observation, are frequently called upon to treat diseases of the visual organs. It is amply illustrated by clear and distinct wood engravings, and further enriched by a series of instructive and highly interesting cases.—*Canada Medical Journal*, Feb. 1867.

LAWSON ON INJURIES OF THE EYE.

INJURIES OF THE EYE, ORBIT, AND EYELIDS; their Immediate and Remote Effects.

By GEORGE LAWSON, F. R. L. S., Engl.; Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields, &c. With about one hundred illustrations. In one very handsome octavo volume, extra cloth, $3 50.

We hail with much pleasure Mr. Lawson's valuable contribution to medical literature. He has been fortunate in selecting a subject hitherto scarcely approached by writers, and he has treated it with great care, learning, and ability. The injuries of the eye must necessarily often fall into the hands of the nearest surgeon; and they are matters about which a full and explicit book of reference is especially required. It is enough to state that Mr. Lawson's treatise represents the most advanced ophthalmic surgery of the day; and that it is sufficiently full to meet all the probable requirements of practice. As a book of reference it is admirable; clear, concise, and properly dogmatic in its teaching. With its assistance, a surgeon not specially skilled in ophthalmology would treat, without misgiving, any accident to the eye that might be brought to him; and we trust that many of our readers will provide themselves with an ally so likely to be useful in emergencies.—*British and For. Med.-Chir. Rev.*; Jan. 1868.

HENRY C. LEA, Philadelphia.